

In re **Karen F. Nichols-Castrejon**

Case No. **09-40280-DML**  
(if known)

**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Homestead 706 Comanche Trail Irving, TX 75060	own fee simple	C	\$19,480.00	\$16,000.00

**Total:** **\$19,480.00**

(Report also on Summary of Schedules)

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Bank of America 330 W. Irving Blvd Irving, TX 75060 checking#4672	C	\$100.00
		Bank of America 330 W. Irving Blvd Irving, TX 75060 checking-custodial acct for son #6493	C	\$175.00
		Bank of America 330 W. Irving Blvd Irving, TX 75060 savings	C	\$48.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Meadow Oaks MHP 756 Sequoya Trail Irving, TX 75060	C	\$280.00
4. Household goods and furnishings, including audio, video and computer equipment.		furnishings	C	\$13,400.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		books and artwork	C	\$300.00
6. Wearing apparel.		clothing	C	\$1,000.00
7. Furs and jewelry.		wedding ring, mothers ring, costume jewelry	C	\$1,000.00

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
8. Firearms and sports, photo-graphic, and other hobby equipment.		paint ball gun	C	\$175.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1997 Chevy 2500	C	\$800.00
		1994 Ford Aero Star Van	C	\$900.00
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.		home and mechanic tools	C	\$500.00
30. Inventory.	<b>X</b>			
31. Animals.		1 cat	C	\$0.00
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.		gym equipment	C	\$500.00
<div> <div>4</div> <div>continuation sheets attached</div> </div> <div> <div>Total &gt;</div> <div>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</div> </div>				<b>\$19,178.00</b>

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☒ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Homestead 706 Comanche Trail Irving, TX 75060	11 U.S.C. § 522(d)(1)	\$3,480.00	\$19,480.00
Bank of America 330 W. Irving Blvd Irving, TX 75060  checking#4672	11 U.S.C. § 522(d)(5)	\$100.00	\$100.00
Bank of America 330 W. Irving Blvd Irving, TX 75060  checking-custodial acct for son #6493	11 U.S.C. § 522(d)(5)	\$175.00	\$175.00
Bank of America 330 W. Irving Blvd Irving, TX 75060  savings	11 U.S.C. § 522(d)(5)	\$48.00	\$48.00
Meadow Oaks MHP 756 Sequoya Trail Irving, TX 75060	11 U.S.C. § 522(d)(5)	\$280.00	\$280.00
furnishings	11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5)	\$10,775.00 \$2,625.00	\$13,400.00
		<b>\$17,483.00</b>	<b>\$33,483.00</b>

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
books and artwork	11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5)	\$0.00 \$300.00	\$300.00
clothing	11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5)	\$0.00 \$1,000.00	\$1,000.00
wedding ring, mothers ring, costume jewelry	11 U.S.C. § 522(d)(4)	\$1,000.00	\$1,000.00
paint ball gun	11 U.S.C. § 522(d)(5)	\$175.00	\$175.00
1997 Chevy 2500	11 U.S.C. § 522(d)(2)	\$800.00	\$800.00
1994 Ford Aero Star Van	11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)	\$0.00 \$900.00	\$900.00
home and mechanic tools	11 U.S.C. § 522(d)(6)	\$500.00	\$500.00
1 cat	11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5)	\$0.00 \$0.00	\$0.00
gym equipment	11 U.S.C. § 522(d)(5)	\$500.00	\$500.00
		<b>\$22,658.00</b>	<b>\$38,658.00</b>



**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**
☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:		DATE INCURRED: NATURE OF LIEN: <b>Property Taxes</b> COLLATERAL: <b>home</b> REMARKS:				<b>\$0.00</b>	
<b>Dallas County</b> <b>c/o Linebarger, Goggan et al.</b> <b>2323 Bryan St., Ste. 1600</b> <b>Dallas, TX 75201</b>	-	VALUE: <b>\$19,480.00</b>					
ACCT #:		DATE INCURRED: NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>Homestead</b> REMARKS: <b>Debtor leases the mobile home lot</b>				<b>\$16,000.00</b>	
<b>Green Tree Servicing</b> <b>5850 Interstate 20 W., Suite 250</b> <b>Arlington, TX 76017-1083</b>	-	VALUE: <b>\$19,480.00</b>					
<b>Representing:</b> <b>Green Tree Servicing</b>		<b>Bruce Johnson, Esq.</b> <b>Johnson &amp; Silver, LLP</b> <b>12720 Hillcrest Road, Suite 280</b> <b>Dallas, TX 75230</b>				<b>Notice Only</b>	<b>Notice Only</b>
<b>Subtotal (Total of this Page) &gt;</b>						<b>\$16,000.00</b>	<b>\$0.00</b>
<b>Total (Use only on last page) &gt;</b>						<b>\$16,000.00</b>	<b>\$0.00</b>

No continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
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[illegible]

Sheet no. 1 of 2 continuation sheets  
attached to Schedule of Creditors Holding Priority Claims

Subtotals (Totals of this page) &gt;

**Total >**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

**Totals >**

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

	\$0.00	\$0.00	\$0.00

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS****TYPE OF PRIORITY**

Administrative allowances

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #:  <b>Patrick D. West Law Firm, P.C.</b> <b>4420 W. Vickery Blvd., Suite 100</b> <b>Fort Worth, TX 76107-6259</b>	-	DATE INCURRED: <b>06/11/2007</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:		<b>\$2,900.00</b>	<b>\$2,900.00</b>	<b>\$0.00</b>
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				<b>Subtotals (Totals of this page) &gt;</b>		
				<b>Total &gt;</b>		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Alan K. Munoz MD PA</b> <b>1200 Park Central Drive, Suite 410</b> <b>Dallas, TX 75251</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$230.64</b>
ACCT #: <b>AMCA Collection Agency</b> <b>2269 S. Sawmill River Rd., Bldg 3</b> <b>Elmsford, NY 10523</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>America Online</b> <b>P.O. Box 27158</b> <b>New York, NJ 10087-7158</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>ARM, Inc.</b> <b>P.O. Box 129</b> <b>Thorofare, NJ 08086-0129</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,093.61</b>
ACCT #: <b>Aspire Visa</b> <b>P.O. Box 105555</b> <b>Atlanta GA 30348-5555</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Assoc-Citi</b> <b>110 Lake Drive</b> <b>Newark, DE 19702</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
<b>Subtotal &gt;</b>						<b>\$1,324.25</b>
<b>Total &gt;</b>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>B-Line, LLC - Collect America</b> <b>Direct Merchants</b> <b>2101 4th Avenue, Suit 900</b> <b>Seattle, WA 98121</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Baylor Medical Center</b> <b>1901 N. MacArthur</b> <b>Irving, TX 75061</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$165.70</b>
ACCT #: <b>Baylor Medical Center of Irving</b> <b>CO NCO Financial Systems, Inc.</b> <b>500 N. Central Expressway, Suite 300</b> <b>Plano, Texas 75074-6779</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Capital One Bank</b> <b>P.O. Box 85064</b> <b>Glen Allen, VA 23058</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Capital One Mastercard</b> <b>Viking Collection Service Southwest Inc.</b> <b>P.O. Box 7666</b> <b>Phoenix, AZ 85011-7366</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Citi</b> <b>P.O. Box 6500</b> <b>Sioux Falls, SD 57117</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
Sheet no. <u>1</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$165.70</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>CMI</b> <b>4200 International Parkway</b> <b>Carrollton, TX 75007-1906</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - Irving Radiological Associates</b> REMARKS:				<b>\$11.32</b>
ACCT #: <b>Danone of North America</b> <b>P.O. Box 5013</b> <b>Hayward, CA 94540-5013</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Dr. Greg W. Bunting</b> <b>1430 N. MacArthur</b> <b>Irving, TX 75061</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$4,050.00</b>
ACCT #: <b>Emergency Service</b> <b>P.O. Box 2283</b> <b>Mansfield, TX 67201-3870</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$25.52</b>
ACCT #: <b>Emergency Service</b> <b>P.O. Box 2283</b> <b>Mansfield, TX 67201-3870</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$25.08</b>
ACCT #: <b>Encore Receivable Management</b> <b>P.O. Box 3330</b> <b>Olathe, KS 66063</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - Capital One</b> REMARKS:				<b>\$0.00</b>
Sheet no. <u>2</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$4,111.92</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Encore Receivable Management</b> <b>P.O. Box 3330</b> <b>Olathe, KS 66063</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - Wal-Mart GE Money Bank</b> REMARKS:				<b>\$237.19</b>
ACCT #: <b>ER Services Assoc., PA</b> <b>CO Health Receivables, Inc.</b> <b>P.O. Box 814465</b> <b>Dallas, TX 75381</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Foley's</b> <b>P.O. Box 94508</b> <b>Cleveland, OH 44101-4508</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Home Depot</b> <b>CO Citibank USA</b> <b>P.O. Box 660370</b> <b>Dallas, TX 75266-0370</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>HSBC Gold MC</b> <b>P.O. Box 81622</b> <b>Salinas, CA 93912-1622</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - HSBC</b> REMARKS:				<b>\$457.24</b>
ACCT #: <b>Internal Revenue Service</b> <b>Centralized Insolvency Operations</b> <b>P.O. Box 21126</b> <b>Philadelphia, PA 19114</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
Sheet no. <u>3</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$694.43</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						



**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Irving Radiological Assoc.</b> <b>P.O. Box 35946</b> <b>Dallas, TX 75235-0946</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>John V. Nichols</b> <b>706 Commanche Trail</b> <b>Irving, TX 75060</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:				<b>\$10,000.00</b>
ACCT #: <b>Las Colinas Medical Center</b> <b>CO NCO Financial Systems, Suite 300</b> <b>Plano, TX 75074-6779</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Las Colinas OB GYN</b> <b>3501 N MacArthur Blvd., Suite 350</b> <b>Irving, TX 75062</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$73.71</b>
ACCT #: <b>LB Recovery Trust</b> <b>Boudreau and Assoc., LLC</b> <b>5 Industrial Way</b> <b>Salem, NH 030379</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>MCD Pathology, LLP</b> <b>P.O. Box 496148</b> <b>Garland, TX 75049-6148</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$25.59</b>
Sheet no. <u>4</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$10,099.30</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Merrick Bank Corp.</b> <b>P.O. Box 9201 Old Bethpage</b> <b>New York, NY 11804</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,700.97</b>
ACCT #: <b>Molina Medical Center</b> <b>1901 W Irving Blvd # 100</b> <b>Irving, TX 75061</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$9.62</b>
ACCT #: <b>Nelnet</b> <b>P.O. Box 82561</b> <b>Lincoln, NE 68501</b>	-	DATE INCURRED: CONSIDERATION: <b>Student Loan</b> REMARKS:				<b>\$13,350.00</b>
ACCT #: <b>PA Irving Laboratory</b> <b>CO Recovery Services of Texas</b> <b>3340 Roy Orr, Suite 201</b> <b>Grand Prairie, TX 75050</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Parkland Health &amp; Hospital System</b> <b>P.O. Box 660599</b> <b>Dallas, TX 75266-0599</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Path Advantage Associated</b> <b>5327 N. Central Express, Suite 300</b> <b>Dallas, TX 75205-3380</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$4.58</b>
Sheet no. <u>5</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$15,065.17</b>
<p style="text-align: right;"><b>Total &gt;</b></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Propath Associates</b> <b>CO MBI</b> <b>P.O. Box 35946</b> <b>Dallas, TX 75235-0946</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Providian Visa</b> <b>P.O. box 9539</b> <b>Manchester, NJ 03108-9539</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Quest Medical Services</b> <b>CO Paramount Recovery Systems</b> <b>P&gt;O&gt; Box 788</b> <b>Lorena, TX 76655</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Radiology Consultants of N. Dallas</b> <b>12700 Park Central Drive</b> <b>Dallas, TX 75251</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$2.33</b>
ACCT #: <b>Roundup Funding, LLC</b> <b>MS 550</b> <b>P.O. Box 91121</b> <b>Seattle, WA 98111-9221</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Sherman Acquisitions</b> <b>d/b/a Resurgent Capital Services</b> <b>P.O. Box 10587</b> <b>Greenville, SC 29603-0587</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
Sheet no. <u>6</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$2.33</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED: CONSIDERATION:				
<b>Sprint</b> <b>P. O. Box 172408</b> <b>Denver, CO 80217-2408</b>	-	<b>Collecting for -</b> REMARKS:				<b>\$549.36</b>
ACCT #:		DATE INCURRED: CONSIDERATION:				
<b>Structure Chiropractic Center</b> <b>717 E. Grauwlyer Road</b> <b>Irving, TX 75061</b>	-	<b>Medical Bill</b> REMARKS:				<b>\$281.00</b>
ACCT #:		DATE INCURRED: CONSIDERATION:				
<b>Texas Digestive Disease</b> <b>8150 Brook River Drive, Suite S-600</b> <b>Dallas, TX 75247</b>	-	<b>Medical Bill</b> REMARKS:				<b>\$0.00</b>
ACCT #:		DATE INCURRED: CONSIDERATION:				
<b>Texas Radiology Associates</b> <b>P.O. Box 35946</b> <b>Dallas, TX 75235-0946</b>	-	<b>Medical Bill</b> REMARKS:				<b>\$0.00</b>
ACCT #:		DATE INCURRED: CONSIDERATION:				
<b>The Medical Group of Las Colinas</b> <b>P.O. Box 35946</b> <b>Dallas, TX 75235-0946</b>	-	<b>Medical Bill</b> REMARKS:				<b>\$0.00</b>
ACCT #:		DATE INCURRED: CONSIDERATION:				
<b>Time Warner Cable</b> <b>P.O. Box 650210</b> <b>Dallas, TX 75265-2010</b>	-	<b>Utility Bill</b> REMARKS:				<b>\$233.31</b>
Sheet no. <u>7</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$1,063.67</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>TXU Energy</b> <b>P.O. Box 660409</b> <b>Dallas, TX 75266-0409</b>	-	DATE INCURRED: CONSIDERATION: <b>Utility Bill</b> REMARKS:				<b>\$600.00</b>
ACCT #: <b>UT Southwestern Medical Svc. Plan</b> <b>P.O. Box 845347</b> <b>Dallas, TX 75284-5347</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Verizon SW</b> <b>P.O. Box 920041</b> <b>Dallas, TX 75392-0041</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>Walgreens, CO CPS Revenue Security</b> <b>P.O. Box 782408</b> <b>San Antonio, TX 78278</b>	-	DATE INCURRED: CONSIDERATION: <b>Unsecured debt</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>West Asset Management</b> <b>P.O. Box 1420</b> <b>Sherman, TX 75091-1420</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - Medical Center of Dallas</b> REMARKS:				<b>\$452.00</b>
ACCT #: <b>West Asset Management</b> <b>P.O. Box 1420</b> <b>Sherman, TX 75091-1420</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - Las Colinas Medical Center</b> REMARKS:				<b>\$114.36</b>
Sheet no. <u>8</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>\$1,166.36</b>
<div style="text-align: right;"> <b>Subtotal &gt;</b>   <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>White Rock Open Air MRI</b> <b>718 N. Buckner Blvd. #104</b> <b>Dallas, TX 75218</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$2,300.00</b>
Sheet no. <b>9</b> of <b>9</b> continuation sheets attached to		<b>Subtotal &gt;</b>			<b>\$2,300.00</b>	
Schedule of Creditors Holding Unsecured Nonpriority Claims		<b>Total &gt;</b>			<b>\$35,993.13</b>	
<b>(Use only on last page of the completed Schedule F.)</b> <b>(Report also on Summary of Schedules and, if applicable, on the</b> <b>Statistical Summary of Certain Liabilities and Related Data.)</b>						

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Castrejon, Manuel D.J.</b>	
<b>Castrejon, Manuel D.J.</b>	<b>White Rock Open Air MRI</b> 718 N. Buckner Blvd. #104 Dallas, TX 75218



**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	Dependents of Debtor and Spouse	
<b>Married</b>	Relationship(s): Son      Age(s): 30	Relationship(s):      Age(s):
<b>Employment:</b>	Debtor	Spouse
Occupation	Disabled	
Name of Employer		
How Long Employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$0.00	\$0.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	<b>\$0.00</b>	<b>\$0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$0.00	\$0.00
b. Social Security Tax	\$0.00	\$0.00
c. Medicare	\$0.00	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	<b>\$0.00</b>	<b>\$0.00</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	<b>\$0.00</b>	<b>\$0.00</b>
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify):		
Social Security Disability Ben	\$1,014.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. SSI & Social Security for son	\$693.00	\$0.00
b. Second son's contribution	\$160.00	\$0.00
c. Food Stamps	\$160.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	<b>\$2,027.00</b>	<b>\$0.00</b>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	<b>\$2,027.00</b>	<b>\$0.00</b>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	<b>\$2,027.00</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**None.**

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other:	\$220.00 \$138.00
3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions	\$50.00 \$200.00 \$20.00 \$25.00 \$60.00 \$300.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$57.70 \$71.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: Mobile home lot c. Other: d. Other:	\$380.00
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: Care of cat 17.b. Other: Son's Probation fee	\$48.00 \$62.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$1,631.70</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>Debtor's 30 year old son is disabled and unable to live by himself. Debtor is exempt from property taxes because of her disability.</b>	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	\$2,027.00 \$1,631.70 \$395.30

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$19,480.00		
B - Personal Property	Yes	5	\$19,178.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10			
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$2,027.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$1,631.70
TOTAL		26	\$38,658.00	\$54,893.13	

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

In re **Karen F. Nichols-Castrejon**Case No. **09-40280-DML**Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$13,350.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$13,350.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>\$2,027.00</b>
Average Expenses (from Schedule J, Line 18)	<b>\$1,631.70</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	<b>\$1,707.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$2,900.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$35,993.13</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$35,993.13</b>

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **28** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **01/22/2009**

Signature **/s/ Karen F. Nichols-Castrejon**  
**Karen F. Nichols-Castrejon**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[If joint case, both spouses must sign.]